



**UNITED
PROPERTY
ASSOCIATES**

**NON-REFUNDABLE APPLICATION FEE \$40 .00
PER APPLICANT
NON-REFUNDABLE
AMENITY/ADMINISTRATIVE FEE
\$149.00 PER APPLICATION
MONEY ORDER or CERTIFIED FUNDS**



**EQUAL
HOUSING
OPPORTUNITY**

***ALL CO-APPLICANTS OVER THE AGE OF 18 MUST COMPLETE SEPARATE APPLICATION ***

1. APPLICANT HISTORY AND CO-APPLICANT INFORMATION

PROPERTY NUMBER/COMMUNITY NAME:		APPLICANT'S EMAIL ADDRESS:			DATE:
APPLICANT'S FULL NAME (LAST, FIRST, MI)	BIRTH DATE	SOC SEC NUMBER	DRIVERS LICENSE #/STATE	MARITAL STATUS <input type="checkbox"/> MAR <input type="checkbox"/> SEP <input type="checkbox"/> DIV <input type="checkbox"/> WID	
CO-APPLICANT'S FULL NAME (LAST, FIRST, MI)	BIRTH DATE	SOC SEC NUMBER	DRIVERS LICENSE #/STATE	MARITAL STATUS <input type="checkbox"/> MAR <input type="checkbox"/> SEP <input type="checkbox"/> DIV <input type="checkbox"/> WID	

2. NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY OF ADDITIONAL OCCUPANTS, OTHER THAN THOSE LISTED ABOVE

(NAME)	(RELATIONSHIP)	DATE OF BIRTH	SSN
(NAME)	(RELATIONSHIP)	DATE OF BIRTH	SSN
(NAME)	(RELATIONSHIP)	DATE OF BIRTH	SSN
(NAME)	(RELATIONSHIP)	DATE OF BIRTH	SSN

3. ADDRESSES

CURRENT ADDRESS: _____ (STREET) _____ (CITY, STATE) _____ (ZIP)

FORMER ADDRESS: _____ (STREET) _____ (CITY, STATE) _____ (ZIP)

CURRENT PHONE #'S:

HOME #: _____ BUSINESS #: _____ CELL #: _____

4. RENTAL HISTORY

MANAGER'S REVIEW / INITIALS _____	NAME OF CURRENT RENTAL AGENCY: _____ PHONE #: _____
	CURRENT MONTHLY RENT \$ _____ HOW LONG HAVE YOU LIVED AT THE CURRENT ADDRESS? _____
	WHY ARE YOU LEAVING? _____
	HAVE YOU EVER BEEN EVICTED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	HAVE YOU EVER BROKEN A RENTAL AGREEMENT OR LEASE CONTRACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	HAVE YOU EVER BEEN SUED FOR NON-PAYMENT OF RENT OR DAMAGES TO RENTAL PROPERTY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN: _____
HAVE YOU EVER FILED FOR BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

5. EMPLOYMENT HISTORY

APPLICANT'S CURRENT EMPLOYER: _____ ADDRESS OF EMPLOYER: _____

PHONE NO. OF EMPLOYER: _____ APPLICANT'S POSITION: _____ LENGTH OF EMPLOYMENT: _____

IMMEDIATE SUPERVISOR: _____ MONTHLY SALARY: \$ _____ OTHER MONTHLY INCOME: \$ _____ SOURCE OF INCOME: _____

PREVIOUS EMPLOYER IF LESS THAN ONE YEAR: _____ PHONE #: _____

6. MILITARY

BRANCH OF SERVICE: _____ RANK: _____ EOS DATE: _____ YEARS IN SERVICE: _____

DUTY STATION ADDRESS: _____ C.O.'S NAME AND PHONE NUMBER: _____

Date: _____

7. REFERENCES (RELATIVES NOT PERMITTED)

NAME AND ADDRESS OF TWO CHARACTER REFERENCES:

(NAME)	(ADDRESS)	(PHONE)	(RELATIONSHIP)
(NAME)	(ADDRESS)	(PHONE)	(RELATIONSHIP)

8. FINANCIAL INSTITUTION INFORMATION

CHECKING: BANK AND BRANCH (INCLUDE CITY/STATE)	ACCOUNT #:
SAVINGS: BANK AND BRANCH (INCLUDE CITY/STATE)	ACCOUNT #:

9. VEHICLES

ALL VEHICLES (CARS, TRUCKS, MOTORCYCLES) TO BE PARKED ON THE PREMISES BY OCCUPANTS MUST BE LISTED ON APPLICATION.

TYPE VEHICLE _____ YEAR _____ MODEL _____ COLOR _____ LICENSE PLATE # & STATE _____

TYPE VEHICLE _____ YEAR _____ MODEL _____ COLOR _____ LICENSE PLATE # & STATE _____

TYPE VEHICLE _____ YEAR _____ MODEL _____ COLOR _____ LICENSE PLATE # & STATE _____

10. EMERGENCY INFORMATION

NAME: _____ PHONE #: _____
(LAST) (FIRST) (MI) (AREA CODE)

ADDRESS: _____
(STREET) (CITY, STATE) (ZIP CODE)

RELATIONSHIP (MOTHER, FATHER, SISTER, BROTHER, ETC.): _____

11. OTHER INFORMATION

DO YOU OWN A PET? YES NO NUMBER OF PETS _____ TYPE OF PET _____ WEIGHT _____

The Owner of the unit you are applying for carries insurance on the building only. Neither the Manager nor the Owner of the property is responsible for damage to your personal property.

DO YOU HAVE RENTER'S INSURANCE? YES NO WITH WHOM? _____

HOW DID YOU HEAR ABOUT US? _____

NUMBER OF BEDROOMS REQUESTED: _____

REQUESTED MOVE-IN DATE: _____

12. ITEMS REQUIRED TO COMPLETE APPLICATION PROCESS

UPON RETURNING YOUR APPLICATION, PLEASE BRING THE FOLLOWING TO PROCESS YOUR APPLICATION:

1. PICTURE I.D. REQUIRED (DRIVER'S LICENSE OR GOVERNMENT/STATE ISSUED I.D.)
2. PROOF OF INCOME:
 - a. MOST CURRENT MONTHLY PAY STUBS
3. PROOF OF SOCIAL SECURITY NUMBER

MANAGER'S REVIEW / INITIALS _____

Date: _____

This application is made subject to approval. It is further understood that the answers to the foregoing questions are to the best of my knowledge true and I have read and understood the information contained at the bottom of this application. **DISCLOSURE OF AGENCY RELATIONSHIP.** In compliance with Chapter 21 of Title 54.1, of the Virginia Real Estate Board Regulations, you are hereby notified that **UNITED PROPERTY ASSOCIATES** is representing the owner(s) of this property in this real estate transaction.

APPLICATION AGREEMENT

1. Management assumes no obligation to reserve a unit unless a properly completed application, signed lease and FULL deposit are received.
2. Applicant agrees to the release of any pertinent information concerning his/her credit, criminal record and/or character references by signing this application and it is further understood that any such information will be held strictly confidential.
3. This application will become part of any lease agreement entered into between the Lessor and Lessee. It is understood and agreed that the deposit will be refunded in full if application is disapproved by management for any reason. However, if applicant changes their mind or fails to execute a lease agreement on the agreed date, any monies held will be applied to actual expenses and damages. If monies held are on a currently rented unit, there will be a \$25.00 processing fee charged. All rental rates quoted are valid for 30 days from date of application only.
4. A lease agreement must be executed, all pro-rated and/or applicable rent paid and electric service confirmed forty-eight (48) hours before obtaining keys to the premises. Prior arrangements are required if applicant plans to take possession outside of normal office hours, subject to manager's consent.
5. Applicant agrees this application will not be considered complete until management has received applicant's credit report and verification of applicant's employment, rental history, and applicant's criminal background check. If a FULL deposit is received more than 30 days prior to the actual move-in date, the application qualification process will have to be completed again. A \$15.00 processing fee will be charged per applicant. If the application does not qualify, the applicant's deposit will be fully refunded.
6. This is an Equal Housing Organization. Your application will not be rejected because of race, color, religion, sex, disability, familial status or national origin. The approval of your application is subject to your ability to demonstrate that you are able to pay rent and are legally capable of entering into a contract.

SIGNED _____ DATE _____

APPLICATION APPROVED: _____ DATE _____

APPLICATION DECLINED: _____ DATE _____

Reason for decline:

*If the application is declined, a UPA representative is unable to discuss the information that was used to make the decision. Please contact Consumer Relations at 888-333-2413.



525 S. INDEPENDENCE BLVD.
SUITE 200
VIRGINIA BEACH VA 23452

UNITED PROPERTY ASSOCIATES

**APPLICANT/RESIDENT
RELEASE AND CONSENT FORM**

In consideration of **Oakland Chase Associates** review of my rental/renewal application, I hereby voluntarily consent to and authorize **Oakland Chase Associates** to obtain information with regards to my qualification as a resident of this apartment community.

I/We authorize all persons and organizations that may have information relevant to my residency to disclose such information to **Oakland Chase Associates**. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original which will be on file and will remain in effect for one year from the date signed.

GROUPS OR INDIVIDUALS WHO MAY BE ASKED TO RELEASE INFORMATION:

Past & present employers
Police department official records
Child support & alimony providers
Retirement systems/administrations
Banks & other financial institutions

Welfare agencies
State unemployment agencies
Social Security Administration
Medical & childcare providers

Previous & present landlords
Educational institutions
Veterans Administration
Credit bureaus

Applicant/Resident Signature

Print Name

Date

Co-Applicant/Resident Signature

Print Name

Date

Co-Applicant/Resident Signature

Print Name

Date

Co-Applicant/Resident Signature

Print Name

Date

